

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 12, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Aces Haus of Cuisines, 200 North 70<sup>th</sup> requesting a class I liquor license.

This location was previously known as Lone Star which held a liquor license.

Eric Underwood has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

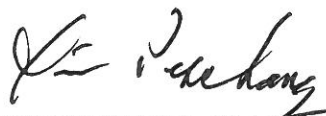
Eric Underwood was born in Lincoln, Nebraska. He graduated from the University of Nebraska in 2003.

Eric Underwood employment history is as follows:

2009 - Present	Manager, Skeeter Barnes	Lincoln, NE.
2006 - 2008	Food & Beverage Manager, Hidden Valley	Lincoln, NE.
2004 - 2006	GM, Perkins	Lincoln, NE.

The applicant has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

RECEIVED

Trade Name (doing business as) Aces Haus of Cuisine

Street Address #1 200 N. 70th ST.

JUL 3 2013

Street Address #2 \_\_\_\_\_

NEBRASKA LIQUOR  
CONTROL COMMISSION

City Lincoln

County Lancaster

Zip Code 68505

Premise Telephone number \_\_\_\_\_

E-mail \_\_\_\_\_

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Adept Development L.L.C. c/o Eric Underwood

Street Address #1 2032 Morningside Dr.

Street Address #2 \_\_\_\_\_

City Lincoln

State Nebraska

Zip Code 68506

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**  
**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 100 76 feet

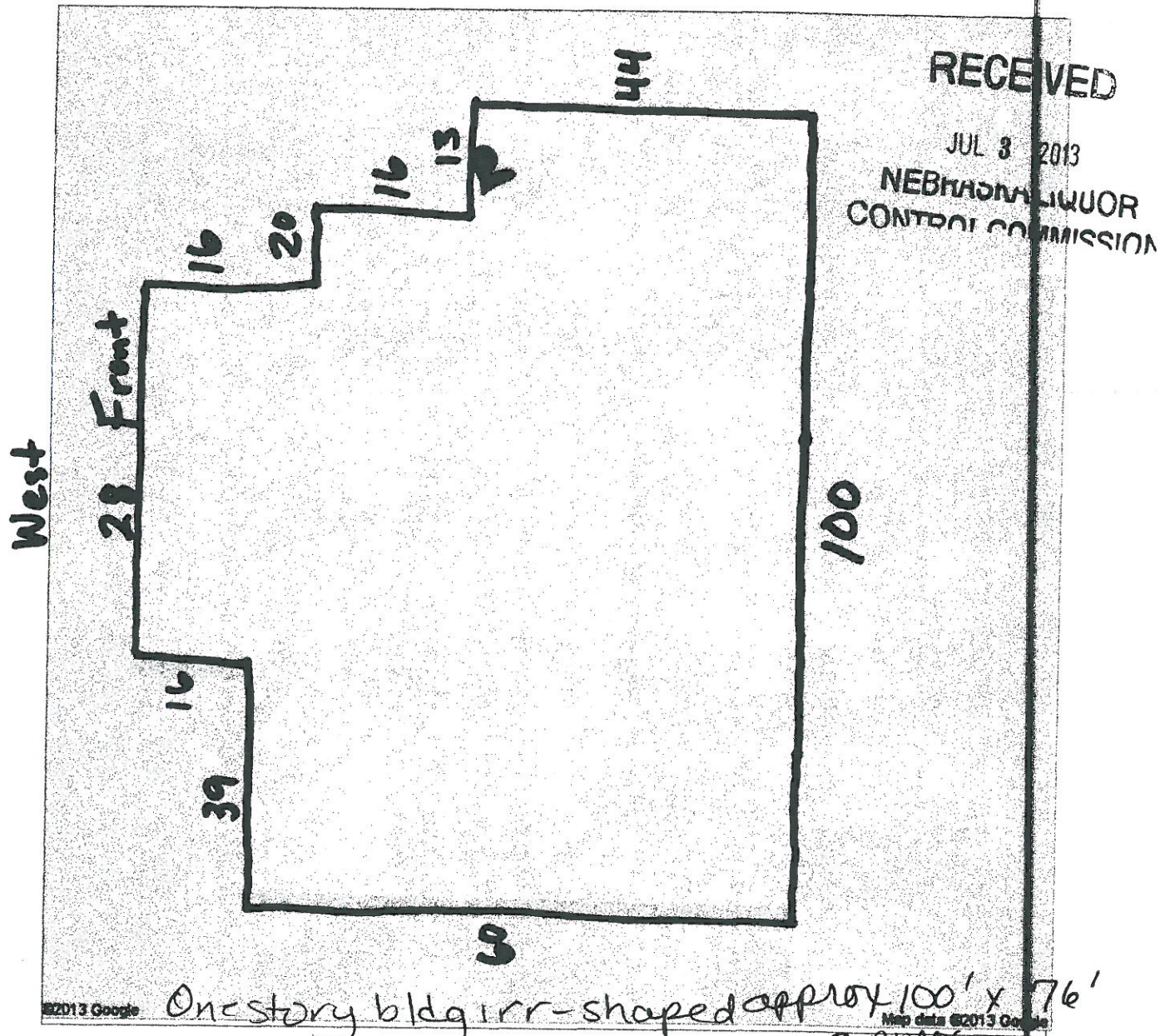
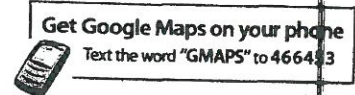
Width 100 feet

Is there a basement? Yes ☐ No ☒

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

Google

Address **200 N 70th St**  
Lincoln, NE 68505



plus Outdoor ~~Patio~~ / Beer Garden 28' x 36'  
on South Side of bldg



**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Adept Development, L.L.C.

**Premise information**

Premise License Number: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: Aces Haus of Cuisine

Premise Street Address: 200 N. 70th St.

City: Lincoln

State: NE

Zip Code: 68505

Premise Phone Number: None currently, contact 402-310-9623

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender: ☒ MALE

☐ FEMALE

Last Name: Underwood

First Name: Eric

NEBRASKA LIQUOR  
CONTROL COMMISSION

Home Address (include PO Box if applicable): 2032 Morningside Dr.

City: Lincoln

County: Lancaster

Zip Code: 68506

Home Phone Number: 402-310-9623

Business Phone Number:

Social Security Number: Drivers License Number & State:

- NE

Date Of Birth: Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Underwood

First Name: Keri

MI: L

Social Security Number: Drivers License Number & State:

- NE

Date Of Birth: Place Of Birth: Cambridge, Ne

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, Ne	2003	2013	Lincoln, Ne	2006	2013
			Peru, Ne	2003	2006

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2013	Skeeter Barnes	Glyn Lacy	402-421-3340
2007	2009	Hidden Valley Golf Club	Jason Meininger	402-483-2532

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☐ YES ☒ NO  
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)  
☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

Lincoln Server/Seller Permit & RBST General Certificate - July/2013

See  
Att.

# STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

07/03/2013

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

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NEBRASKA LIQUOR  
CONTROL COMMISSION

## STATE OF NEBRASKA - DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

126 -

79

CHILD - NAME FIRST MIDDLE LAST <b>Eric Allen Underwood</b>			SEX <b>Male</b>	DATE OF BIRTH (Month, Day, Year) <b>3/6/79</b>	HOUR <b>6:09p.m.</b>
HOSPITAL - NAME (If not in hospital, give street and number) <b>Lincoln General Hospital</b>		INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	CITY, TOWN, OR LOCATION OF BIRTH <b>Lincoln</b>	COUNTY OF BIRTH <b>Lancaster</b>	
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 4a. (Signature) <i>Harold E. Harvey</i>			DATE SIGNED (Month, Day, Year) <b>3/6/79</b>	NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
CERTIFIER - NAME AND TITLE (Type or print) <b>Harold E. Harvey, MD</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>5440 South St. Lincoln, Nebraska 68506</b>		
REGISTRAR - SIGNATURE <i>[Signature]</i>			DATE RECEIVED BY REGISTRAR MONTH DAY YEAR <b>MAR 8 1979</b>		
MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>Patricia Ann Heidenreich</b>			AGE (At time of this birth) <b>32</b>	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) <b>Lincoln, Nebraska</b>	
RESIDENCE - STATE <b>Nebraska</b>	COUNTY <b>Lancaster</b>	CITY, TOWN, OR LOCATION, (Include zip code) <b>Malcolm 68402</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	STREET AND NUMBER <b>Rt. #1 Box 5</b>	
MOTHER'S MAILING ADDRESS - Enter if not same as residence					
FATHER - NAME FIRST MIDDLE LAST <b>Dan Gilbert Underwood</b>			AGE (At time of this birth) <b>40</b>	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) <b>Crete, Nebraska</b>	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent) <b>Patricia Underwood</b>			RELATION TO CHILD <b>Mother</b>		

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DATE OF ISSUANCE

07/03/2013

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

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NEBRASKA LIQUOR  
CONTROL COMMISSION

## STATE OF NEBRASKA—DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

126—

82

CHILD—NAME			SEX	DATE OF BIRTH (Month, Day, Year)		HOUR
1. <u>Keri Lynette Brown</u>			2. <u>Female</u>	3a. <u>July 21, 1982</u>		3b. <u>12:12 pm</u>
HOSPITAL—NAME (If not in hospital, give street and number)			INSIDE CITY LIMITS (Specify Yes or No)	CITY, TOWN, OR LOCATION OF BIRTH		COUNTY OF BIRTH
4a. <u>Cambridge Memorial Hospital</u>			4b. <u>Yes</u>	4c. <u>Cambridge, Nebraska</u>		4d. <u>Furnas</u>
5a. (Signature) <u>G. A. Harris, M.D.</u>			DATE SIGNED (Month, Day, Year)		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
5b. <u>7-17-82</u>			5c. <u>Cambridge, Nebraska 69022</u>			
CERTIFIER—NAME AND TITLE (Type or print)			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
6a. <u>G. A. Harris, M.D.</u>			6b. <u>Cambridge, Nebraska 69022</u>			
REGISTRAR—SIGNATURE			DATE RECEIVED BY REGISTRAR			
7a. <u>Kennis R. McClelland</u>			7b. <u>July 21, 1982</u>			
MOTHER—MAIDEN NAME			AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
8a. <u>Patricia Denise Head</u>			8b. <u>20</u>	8c. <u>Honolulu, Hawaii</u>		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION, (Include zip code)	INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER		
9a. <u>Nebraska</u>	9b. <u>Red Willow</u>	9c. <u>Indianola 69034</u>	9d. <u>Yes</u>	9e. <u>P. O. Box 225</u>		
MOTHER'S MAILING ADDRESS—Enter if not same as residence						
10. <u>69034</u>						
FATHER—NAME			AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
11a. <u>Mark Alan Brown</u>			11b. <u>21</u>	11c. <u>Chanute, Kansas</u>		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.			RELATION TO CHILD			
(Signature of Person)			12b. <u>Mother</u>			
12a. <u>Patricia D. Brown</u>						



**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Eric Underwood

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Adept Development, L.L.C. H

LLC Address: 2032 Morningside Dr.

City: Lincoln State: Nebraska Zip Code: 68506

LLC Phone Number: 402-310-9623 LLC Fax Number: \_\_\_\_\_

Name of Managing/Contact Member

Name and information of contact member must be listed on following page.

Last Name: Underwood First Name: Eric MI: A.

Home Address: 2032 Morningside Dr. City: Lincoln

State: Nebraska Zip Code: 68506 Home Phone Number: 402-310-9623

*Eric Underwood*

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska

County of Lancaster

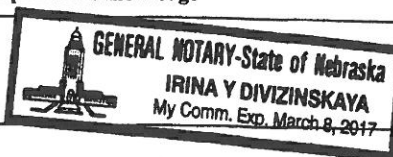
May 1<sup>st</sup>, 2013  
Date

The foregoing instrument was acknowledged before me this

by Eric A. Underwood  
name of person acknowledge

*Irina Y Divizinskaya*

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Underwood First Name: Eric MI: A.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Keri Lynette Underwood

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 100%

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_